

## APPLICATION FOR A SEARCH OF DEATH RECORD

**Records for the past Ten (10) years only!**

Date\_\_\_\_\_

Full Name of Deceased			
	First	Middle	Last

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_  
City State

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

Your Relationship to the Deceased \_\_\_\_\_

Reason for Request of Certified Copies \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Number of Copies Requested \_\_\_\_\_

**\$12.00 for first copy    \$6.00 for each additional    Make checks Or Money Orders payable to: MCHD**

**Send completed form with payment to:**

**McLean County Health Department  
Attn: Registrar  
200 W Front Street Rm 304  
Bloomington IL 61701**

**If you have questions, please phone 309-888-5481. We only provide certified death certificates for deaths occurring in the past 10 years in McLean County. For deaths that happened more than 10 years ago, please check the McLean County Clerk's website for information on how to obtain copies:  
<http://mcleancountyil.gov/countyclerk/>**